

STATINTL

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
UNCLASSIFIED		CONFIDENTIAL	
		SECRET	
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	Administrative Officer/DCI 7C17 Headquarters		
2	Attn: [REDACTED]		
3			
4			
5			
6			
ACTION		DIRECT REPLY	PREPARE REPLY
APPROVAL		DISPATCH	RECOMMENDATION
COMMENT		FILE	RETURN
CONCURRENCE		INFORMATION	SIGNATURE
Remarks:			
<p>Per memorandum dated 16 February 1978</p> <p>Subject: Official Representation Expenses for DCI's Science and Technology Advisory Panel (STAP)</p>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
Executive Secretary/STIC Rm. 6-F-35 Hqs. - Ext. 4170			28Mar78
UNCLASSIFIED		CONFIDENTIAL	
		SECRET	

FORM NO.
1-67

237

Use previous editions

USGPO: 1976 - 202-953

(40)

SECRET
(When Filled In)

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2

3. NAME OF CLAIMANT (LAST, FIRST, MIDDLE INITIAL)		4. EMPLOYEE NO.		5. OFFICE	
[REDACTED] 25X1A		Detailee		STIC	
PAYABLE TO		ROOM	BUILDING	EXTENSION	AMOUNT
[REDACTED]		6F35	Hqs.	4170	\$12.43
6. PROJECT NUMBER		7. TYPE OF ADVANCE		8. ACTIVITY NUMBER	
25X1A					
PURPOSE (FIRST 24 CHARACTERS OF EACH LINE WILL BE ENTERED):					
10. WHAT: Donuts, coffee and cups for STAP meeting					
11. WHERE: Rm. 7E32 CIA Hqrs.					
12. WHEN: 15 - 16 March 1978					
13. WHY: Operational Entertainment of Non-Government Personnel					
16. OBLIGATION REFERENCE NO.		14. EXP CODE		15. AGENCY CODE	
TYPE ORN	SUB #	17. SOC	LIQ CD	18. AMOUNT	25X1A
P					
S					
S					
S					
PAYMENT INSTRUCTIONS				1. CERTIFY FUNDS ARE AVAILABLE	
cash or check				DATE [REDACTED] 4/6/78	
CERTIFICATION (Check when applicable)				SIGNATURE OF APPROVING OFFICER	
<input checked="" type="checkbox"/> REIMBURSEMENT				See attached	
<input type="checkbox"/> PERSONAL SERVICES				CERTIFICATE FOR PAYMENT OR CREDIT	
I certify that the disbursements itemized above were necessarily made by me and that I have not been nor will I be reimbursed therefor from any other source and that this claim and attachments are true and correct.				DATE 25X1A 4/5/78	
The amount requested is due the payee for satisfactory performance of duties in accordance with the terms of his contract or other written or oral agreements.				DESIGNATION [REDACTED]	
DATE [REDACTED] 4/5/78				I authorize my agent [REDACTED] to receive on my behalf and acknowledge receipt of such funds and my responsibility therefor, when paid to my agent.	
SIGNATURE [REDACTED] 25X1A				ACKNOWLEDGEMENT OF RECEIPT	
DATE [REDACTED]				AMOUNT	
SIGNATURE [REDACTED]				CHECK NO.	
TRANS CODE		CODING AREA		MONETARY CONTROL	
015		10900800200900/1/Pertain NEAC		AMOUNT	
				12 43	
DATE 4/5/78		EXT 7575		REVIEWED BY	
264		For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2		12 43	

DIRECTOR OF CENTRAL INTELLIGENCE
Scientific and Technical Intelligence Committee

28 March 1978

MEMORANDUM FOR: Chief, Support Staff, ICS

SUBJECT : Reimbursement for STAP Expenses

1. Attached are claim sheets of members of the DCI's Science and Technology Advisory Panel (STAP) for the 15-16 March 1978 meeting and the dinner at the Washington Golf and Country Club.

2. The breakdown of the costs is as follows (worksheet attached):

a. Panelists \$2916.12

Travel	983.32
Services	1808.80
Miscellaneous	124.00

b. Lunches

3 A/15	DCI Dining Rm. (6)	32.34
3 A/16	DCI Dining Rm. (5)	20.90
3 A/24	Executive Dining Rm. (1)	2.09

55.33

Dinner(Washington Golf and Country Club)

3 4/16	7 @ 18.69	130.83
2 4/16	2 @ 13.66	27.33

158.16

TOTAL \$3129.61

SUBJECT: Reimbursement for STAP Expenses

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I hereby certify that I expended \$213.45 for official entertainment of guests of the Intelligence Community on 15-16 March 1978. I have not been and will not be reimbursed for these expenses from any other source. All government employees involved in this entertainment paid their own expenses.

4. Please send the STAP members' checks to them in plain envelopes to the addresses on the claim sheets, inasmuch as some of them are sensitive regarding their association with the Intelligence Community. Please send the check for my expenses (item 2b above) to me at Room 6F35, Headquarters Building.

5. The next meeting of STAP is scheduled for 26-27 July and the estimated cost will be approximately \$3400.


STATINTL


Executive Secretary

Attachments: As Stated

Distribution:

- Original & 1 - Addressee (w/att)
- 1 - STAP Chrono (wo/att)
- (1) - STAP Finance (w/att)

OSI/STIC/ dec/4170 (28 March 1978)

STATINTL

ADMINISTRATIVE INTERNAL USE ONLY
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CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

TRANSPORTATION: Economy air fare from _____ to Wash., DC
and return (ticket may be retained for return trip)

\$ N/A

Date and time of departure: _____

Transportation cost to terminal: _____ From Airport to Hotel: _____

\$ N/A

Daily Expenses (reimbursement may not exceed \$50.00 per day):

(date) Lunch - \$ _____
Dinner - _____
Hotel - _____

\$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____

\$ _____

Transportation cost from hotel to Headquarters and return:

\$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____

\$ _____

Transportation cost from hotel to Headquarters and return:

\$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____

\$ _____

Transportation cost to terminal: \$ _____ From Airport to home: _____
(estimates may be used for above)

\$ _____

Date and time of departure from Wash., DC: _____

Fee for services (\$180.88 per day) claimed: (x) Yes () No

\$ 361.76

*Note change of
address*

TOTAL CLAIM

\$ 361.76

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Please mail check to:

(Signature of Claimant)

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

STATINTL

TRANSPORTATION: Economy air fare from [REDACTED] to Wash., DC
and return (ticket may be retained for return trip) \$ 424.⁰⁰Date and time of departure: 12⁰⁰ 3/14/78Transportation cost to terminal: 9.- From Airport to Hotel: 9.- \$ 18.-

Daily Expenses (reimbursement may not exceed \$50.00 per day):

<u>3/14</u>	Lunch -	\$		
(date)	Dinner -			
	Hotel -		<u>35</u>	\$ <u>35.-</u>

	Breakfast -			
(date)	Lunch -			
	Dinner -			
	Hotel -			\$

Transportation cost from hotel to Headquarters and return: \$ 15.-

<u>3/15</u>	Breakfast -		<u>2</u>	
(date)	Lunch -			
	Dinner -			
	Hotel -		<u>35</u>	\$ <u>37.-</u>

Transportation cost from hotel to Headquarters and return: \$

<u>3/16</u>	Breakfast -		<u>2</u>	
(date)	Lunch -			
	Dinner -			
				\$ <u>2.-</u>

Transportation cost to terminal: \$ 9. From Airport to home: 9. \$ 18.-
(estimates may be used for above)Date and time of departure from Wash., DC: 3/16/78 9pmFee for services (\$180.88 per day) claimed: (☒) Yes (☐) No \$ 361.76

STATINTL TOTAL CLAIM

\$ 911.⁰⁰

STATINTL

Please mail check to:

[REDACTED]
(Signature of Claimant)

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

TRANSPORTATION: Economy air fare from _____ to Wash., DC
and return (ticket may be retained for return trip) \$ _____

Date and time of departure: _____

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$ _____

Daily Expenses (reimbursement may not exceed \$50.00 per day):

(date) Lunch - \$ _____
Dinner - _____
Hotel - _____ \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ 7.00

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____ \$ _____

Transportation cost to terminal: \$ _____ From Airport to home: \$ 2.25
(estimates may be used for above)

Date and time of departure from Wash., DC: _____

Fee for services (\$180.88 per day) claimed: (☒) Yes (☐) No \$ 361.76

STATINTL TOTAL CLAIM \$ 371.01

STATINTL

Please mail check to:

(Signature of Claimant)

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2
CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

TRANSPORTATION: Economy air fare from _____ to Wash., DC
and return (ticket may be retained for return trip) \$ _____

Date and time of departure: _____

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$ _____

Daily Expenses (reimbursement may not exceed \$50.00 per day):

(date) Lunch - \$ _____
Dinner - _____
Hotel - _____ \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: *77 miles* \$ *12.00*

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____ \$ _____

Transportation cost to terminal: \$ _____ From Airport to home: \$ _____
(estimates may be used for above)

Date and time of departure from Wash., DC: _____

Fee for services (\$180.88 per day) claimed: (☒ Yes () No) \$ *361.76*

Two DAYS - 3/15, 16

TOTAL CLAIM

\$ *374.80*

STATINTL

(Signature of Claimant)

Please mail check to:

STATINTL

CIA-RDP80T01198A000100010007-2

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

TRANSPORTATION: Economy air fare from _____ to Wash., DC
and return (ticket may be retained for return trip) \$ _____

Date and time of departure: _____

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$ _____

Daily Expenses (reimbursement may not exceed \$50.00 per day):

3-15-78	Lunch - \$ 3.15	Breakfast	
(date)	Dinner - _____		
	Hotel - \$22.00		\$ 25.15

3-16	Breakfast - \$ 2.85		
(date)	Lunch - _____		
	Dinner - _____		
	Hotel - _____		\$ 2.85

Transportation cost from hotel to Headquarters and return: \$ _____

3-14	Breakfast - _____		
(date)	Lunch - _____		
	Dinner - _____		
	Hotel - \$22.00		\$ 22.00

Transportation cost from hotel to Headquarters and return: \$ _____

(date)	Breakfast - _____		
	Lunch - _____		
	Dinner - _____		

Transportation cost to terminal: \$ _____ From Airport to home: \$ _____
(estimates may be used for above)

Date and time of departure from Wash., DC: _____

Fee for services (\$180.88 per day) claimed: () Yes (x) No \$ _____

TOTAL CLAIM \$ 50.00

STATINTL

Please mail check to: STATINTL

(Signature of Claimant)

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

STATINTL

TRANSPORTATION: Economy air fare from [REDACTED] to Wash., DC
and return (ticket may be retained for return trip) \$ 402.00

Date and time of departure: 3/14/78 12:00 noon

Transportation cost to terminal: 2 From Airport to Hotel: \$ 2.00

Daily Expenses (reimbursement may not exceed \$50.00 per day):

(date) Lunch - \$
Dinner -
Hotel - \$

(date) Breakfast -
Lunch -
Dinner -
Hotel - \$

Transportation cost from hotel to Headquarters and return: \$

(date) Breakfast -
Lunch -
Dinner -
Hotel - \$

Transportation cost from hotel to Headquarters and return: \$

(date) Breakfast -
Lunch -
Dinner -

Car rental \$ 71.79

Transportation cost to terminal: \$ 4 From Airport to home: 10 \$ 10.00
(estimates may be used for above)

Date and time of departure from Wash., DC: 3/16/78 5:10 p.m.

Fee for services (\$180.88 per day) claimed: (✓) Yes () No \$ 361.76

TOTAL CLAIM \$ 847.55

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Please mail check to:

STATINTL


(Signature of Claimant)

STATINTL

Sold by PAID SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON										PASSENGER TICKET AND BAGGAGE CHECK		PASSENGER'S COUPON		8827032519	
RAY AMERICAN AIRLINES 0311										ATC		DATE OF ISSUE		3 MAR 78	
If the passenger's journey involves an ultimate destination or stop in a country other than the country of departure, the Warsaw Convention may be applicable and the Convention governs and in most cases limits the liability of carrier for death or personal injury and in respect of loss of or damage to baggage.										NOT TRANSFERABLE		ORIGIN		DESTINATION	
STATINTL										ORIGINALY ISSUED AGAINST BY AGENTS NUMERIC CODE		AT		ON DATE	
1 2 3 AFTER										4		TICKET DESIGNATION & TOUR CODE		THIS TICKET ISSUED IN EXCHANGE FOR	
NET GROSS FEE PASSAGE										FARE BASIS		ALLOW		CARRIER	
DATE										TIME		STATUS		Agent	
F										AA		110F14MAR		1200YOK	
V										TS		10V15MAR		510POM	
BAGGAGE UNCKED										UNCKED		UNCKED		UNCKED	
WT										WT		WT		WT	
ROUTE CODE										ENCODE		CPN		AIRLINE CODE	
400.07										30.17		529.00		601	
529.00										8827032519		4		0	

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		Approval Code
		Check or Bill No.
		Any delayed charges are listed below
		Type of Delayed Chg.
HERTZ 1020 WASHINGTON DULLES		Merchandise/Service Taxes Tips/misc. Total 71.79
Establishment agrees to transact to American Express Company (Amexco) or Authorized Representative for payment. Merchandise and/or service purchased on this card shall not be returned for a refund.		Amt. of Delayed Chg. Revised Total Amount Due Only Amount Paid in Advance
Cardmember Signature X		Record of Charges
Invoice Number 432661		Please Print Firmly Cardmember Copy

Lessor: The Hertz Corporation

Rental Agreement No.



Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2

WASHINGTON, D. C. 20041
PHONE (703) 471-6020
FOR EMERGENCY ROAD SERVICE
CALL COLLECT (703) 684-7438

MINIMUM CHARGE - ONE DAY RENTAL
(PLUS MILEAGE IF APPLICABLE)

TO BE PAID BY

STATINTL

PRINT CARD #1 CLUB NO. CREDIT APPROV. DATE/AMOUNT

IDENTIFICATION

STATE EXPIRES

CITY/STATE

CAR TO BE RETURNED TO (CITY/STATE) LOC. NO. DATE

CAR RENTED AT (CITY/STATE) AREA & LOCATION NO.

LOCAL ADDRESS LOCAL/BUSINESS PHONE NO.

Customer authorizes Lessor to process a credit card voucher (if applicable) in Customer's name for charges. Vehicle shall NOT be operated by any person except Customer and the following Authorized Operators who must be validly licensed to drive and have Customer's prior permission: persons 21 or over who are members of Customer's immediate family and permanently reside in Customer's household; the employer, partner, executive officer, or a regular employee of Customer; additional authorized operator(s) approved by Lessor in writing. Customer agrees not to permit use of Vehicle by any other person without obtaining Lessor's prior written consent. THE VEHICLE IS RENTED UPON THE CONDITIONS SHOWN ON THIS PAGE AND UPON THE REVERSE HEREOF. CUSTOMER AGREES WITH THE CONDITIONS. ALSO SEE NOTE AT LEFT.

RESERVATION I.D. NO. REFERRAL SOURCE PREPAID/TOUR

STATINTL

OWNING CITY LOC. NO.	TIME IN	78 KAR 16 16
RENTAL	TIME OUT	13 16 16 16
VEHICLE NO.	RETURNED TO CITY/STATE	1820
CAR LIC. NO.	STATE	1820
CAR MAKE BODY STYLE	CLASS	RATES INCLUDE GASOLINE <input type="checkbox"/>
OWNING CITY/STATE	SUB.	RATES DO NOT INCLUDE GASOLINE <input type="checkbox"/>
MILEAGE IN	0	00
MILEAGE OUT	23927	35.90
MILES DRIVEN	126	00
MILEAGE ALLOWED (If Any)	00	00
MILES CHARGED	126	31.50
FOR RENTALS WITHOUT GAS ONLY		
MINIMUM RENTAL	EXTRA DAYS	SUBTOTAL
EXTRA MILES		67.40
DAYS	MILES	3.37
GASOLINE QUANTITY		SUBTOTAL
BY MILES	BY TANK	64.03
IN	OUT	SERVICE CHARGE
E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F	E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F	0.00
DECLINES COW	ACCEPTS COW	REFUELING SERVICE
X		5.67
BY INITIALS: Customer declines or accepts at daily rate shown, Lessor's COW of Customer's responsibility for the first \$250.00 of accidental vehicle damage due to collision or upset, as per Par. 3(8) on Reverse Side. COW IS NOT INSURANCE.		SUBTOTAL
		69.70
DECLINES PAI		TAX
X		3%
BY INITIALS: Customer declines or accepts PAI. If "Accepts", Customer accepts coverage at rate shown and acknowledges to have read the SYNOPSIS of Coverage Limits furnished by Lessor at rental.		2.09
		71.79
REFUND EXPLANATION-AMT.		LESS GAS/OIL REPAIRS
		0.00
REFUND RECEIVED BY		NET DUE
		71.79
DEPOSIT		LESS DEPOSIT (If Any)
\$ NONE		0.00
PREPARED BY		NET DUE
COMPUTED BY		71.79
DATE		PAID
CASH		CHECK
DIRECT BILL		LOCAL REC

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Rental Agreement No. 53005560 4

DO NOT PAY FROM THIS COPY

NOTE: CHARGES SUBJECT TO

STAF MTC - 15-16 March 1978

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Travel	Services	Misc	Other	Total
	361.76			361.76
475.4	361.76	74		911.00
9.25	361.76			371.01
13.04	361.76			374.80
-	-	50		50.00
1185.79	361.76			847.55
983.50	1808.80	124		2916.12

Lunches ~~Dealing Room~~

15/15 Dealing Room (5) 32.34
 16/16 " " " (5) 20.90 } JM
 21/21 Executive Dining Room (1) 2.04

Dinner (WCCC)

3-16/16 7 @ 18.69 130.83 (JM)
 3-16/16 2 @ 13.66 27.33 (JM)

55.33
 158.16
 213.49
 3129.61

WORKING PAPER

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2

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WASHINGTON GOLF and COUNTRY CLUB
[REDACTED] VIRGINIA 22207
STATINTL

[illegible]

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Please return
to STAP Finance
file. Thanks.

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SECRET
(When Filled In)

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2 REQUEST FOR PAYMENT OR PAYMENT					1. YOUR 0.						
3. NAME OF CLAIMANT (LAST, FIRST, MIDDLE, INITIAL) <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> 25X1A					4. EMPLOYEE NO. ✓ DETAILEE		5. OFFICE ✓ STIC				
PAYABLE TO <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>			ROOM ✓ 6F35		BUILDING ✓ HQS		EXTENSION ✓ 4170		AMOUNT ✓ \$ 7.00		
6. PROJECT NUMBER 25X1A			7. TYPE OF ADVANCE			8. ACTIVITY NUMBER			9. DUE DATE		
PURPOSE (FIRST 24 CHARACTERS OF EACH LINE WILL BE ENTERED):											
10. WHAT: ✓ DONUTS											
11. WHERE: ✓ RM 6F25 CIA HQS											
12. WHEN: ✓ 16 DECEMBER 1977											
13. WHY: ✓ OPERATIONAL ENTERTAINMENT OF NON-GOVERNMENT PERSONNEL											
16. OBLIGATION REFERENCE NO.					14. EXP CODE		15. AGENCY CODE				
TYPE ORN		SUB #	17. SOC	LIQ CD	18. AMOUNT			I CERTIFY FUNDS ARE AVAILABLE DATE 25X1A AUTHORIZED SIGNATURE <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>			
P		1						AUTHENTICATION DATE SIGNATURE OF APPROVING OFFICER			
S		1						CERTIFICATE FOR PAYMENT OR CREDIT DATE SIGNATURE OF CERTIFYING OFFICER			
S		1									
S		1									
PAYMENT INSTRUCTIONS CASH OR CHECK ✓						DESIGNATION OF AGENT TO PICK UP FUNDS I authorize my agent, whose signature appears below, to receive \$ _____ of official funds on my behalf and acknowledge receipt of such funds and my responsibility therefor, when paid to my agent.					
CERTIFICATION (Check when applicable) <input type="checkbox"/> REIMBURSEMENT I certify that the disbursements itemized above were necessarily made by me and that I have not been nor will I be reimbursed therefor from any other source and that this claim and attachments are true and correct.						DATE SIGNATURE OF AGENT					
<input type="checkbox"/> PERSONAL SERVICES The amount requested is due the payee for satisfactory performance of duties in accordance with the terms of his contract or other written or oral agreements.						DATE SIGNATURE OF CLAIMANT OR OFFICER					
						ACKNOWLEDGEMENT OF RECEIPT AMOUNT CHECK NO.					
DATE		SIGNATURE				DATE		SIGNATURE			
TRANS CODE		CODING AREA					MONETARY CONTROL		AMOUNT		
DATE		PREPARED BY		EXT		DATE		REVIEWED BY		TOTAL	
										Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2	